BUREAU OF CHILD CARE LICENSING REMINDER LIST

PROGRAM NAME:	DATE OF VISIT:
ADDRESS:	
ALL PROGRAMS ARE RESPONSIBLE FOR KN CARE PROGRAM LICENSING RULES.	OWING AND FOLLOWING THE <u>NEW HAMPSHIRE CHILD</u>
MAINTAIN COMPLIANCE. SAMPLE FORMS THA MARKED WITH AN ASTERISK *. YOU WILL NEE	OF WHAT YOU NEED TO DO TO ACHIEVE AND/OR AT ARE INCLUDED IN THE <u>SAMPLE FORMS PACKET</u> ARE ED TO MAKE ADDITIONAL COPIES FOR YOUR USE (WITH DINNEL LIST FORM WHICH IS A MULTI-PART FORM WHICH LLING 1-800-852-3345, EXT. 4624).
USED, NUMBER OF CHILDREN, NUMBE DRILL, PROBLEMS ENCOUNTERED AND LOG MUST BE AVAILABLE FOR REVIE SPECIALIST. FIRE DRILLS MUST BE OPERATING HOURS, INCLUDING NIGHT DRILLS. PROGRAMS SHALL ACTIVATE FOR AT LEAST 2 OF THE MONTHS FIRE DETECTOR TO SIGNAL ALL OTHER DRIFIRE DRILLS MUST BE CONDUCTED DU AT LEAST 1 DRILL DURING WINTER M MONTHS PER YEAR, NO MORE THAN 60 [EMERGENCY PLAN] * HAVE A WRITT	E DRILL RECORD WHICH INCLUDES THE DATE, EXITS OF PEOPLE, NAME OF PERSON CONDUCTING THE DIAP A PLAN FOR CORRECTING THOSE PROBLEMS. THE WEBY THE FIRE INSPECTOR AND BY THE LICENSING CONDUCTED AT VARYING TIMES DURING EACH DAY'S TIME HOURS SO THAT ALL CHILDREN EXPERIENCE FIRE THE ACTUAL FIRE ALARM SYSTEM FOR THE BUILDING RE DRILLS, AND MUST USE A FIRE ALARM OR SMOKE ILLS. FOR PROGRAMS THAT OPERATE YEAR ROUND, IRING AT LEAST 9 MONTHS OF EACH YEAR, INCLUDING ONTHS. FOR PROGRAMS OPERATING LESS THAN 12 DAYS MAY ELAPSE BETWEEN FIRE DRILLS. TEN PLAN POSTED BY THE TELEPHONE DETAILING RIES AND EMERGENCIES. MAKE SURE ALL STAFF
HOUSEHOLD AND PERSONNEL LIST? COMPLETE AND SEND TO THE BUREAU THE FULL NAME AND DATE OF BIRTH OF OTHER INDIVIDUALS AGE 16 AND OF CHILDREN, AND ALL HOUSEHOLD MEME OF HIRE OR DATE THEY MOVE IN, AUTHORIZATION FORM * FOR EACH OF AGE AND OLDER. PLEASE INCLUDE A OF NH - CRIMINAL RECORDS, FOR	* & CRIMINAL RECORD RELEASE AUTHORIZATION* A HOUSEHOLD AND PERSONNEL LIST * THAT INCLUDES F ALL CHILD CARE PERSONNEL AGE 16 AND OLDER, ALL LDER WHO WILL HAVE DAILY CONTACT WITH THE BERS AGE 10 AND OLDER, WITHIN 30 DAYS OF THE DATE PLUS A NOTARIZED CRIMINAL RECORD RELEASE THE ABOVE NAMED INDIVIDUALS WHO IS 17 YEARS OF A CHECK OR MONEY ORDER PAYABLE TO: STATE \$7.50 TIMES THE NUMBER OF CRIMINAL RECORD HIS PAYMENT, YOUR CRIMINAL RECORD CHECKS EPARTMENT OF SAFETY.
PROGRAM, A COMPLETED CHILD CARE OF PHYSICAL EXAMINATION FOR EACH	DRM * OBTAIN AND KEEP ON THE PREMISES OF THE PERSONNEL HEALTH FORM OR EQUIVALENT RECORD NEW STAFF PERSON AND FOR ANY ADULT WHO WILL WITHIN 60 DAYS OF HIRE, OR BECOMING A HOUSEHOLD ED EVERY 3 YEARS.)
	Y INFORMATION FORM * MUST BE COMPLETED AND ON DAY OF ATTENDANCE AND MUST BE UPDATED EVERY N CHANGES.)
FILE FOR EACH CHILD WITHIN 60 DAY	NT RECORD OF PHYSICAL EXAMINATION MUST BE ON YS OF ENROLLMENT. (THIS FORM MUST BE UPDATED 3 AND YOUNGER, AND EVERY TWO YEARS FOR EACH

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 <u>CHILDREN'S IMMUNIZATION RECORDS</u> MUST BE ON FILE UPON A CHILD'S FIRST DAY OF ATTENDANCE AT THE PROGRAM.
 FIELD TRIP, WATER ACTIVITY, AND TRANSPORTATION PERMISSION* OBTAIN WRITTEN PARENTAL PERMISSION FOR EACH CHILD
 AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON PRESCRIPTION MEDICATION * PRIOR TO ADMINISTERING ANY MEDICATION, THERE MUST BE WRITTEN PERMISSION FROM THE CHILD'S PARENT. FOR PRESCRIPTION MEDICATION, THE PRESCRIPTION LABEL WILL SERVE AS THE HEALTH PRACTITIONER'S AUTHORIZATION. NON-PRESCRIPTION MEDICATION MUST BE ACCOMPANIED BY THE WRITTEN ORDER OF A LICENSED HEALTH PRACTITIONER WHEN IT IS TO BE ADMINISTERED OTHER THAN AS INSTRUCTED ON THE MANUFACTURER'S PRINTED INSTRUCTIONS, OR WITH THE PARENT'S WRITTEN INSTRUCTIONS. MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER, LABELED WITH THE NAME OF THE CHILD.
 <u>INJURY REPORT*</u> KEEP A RECORD OF INJURIES TO CHILDREN AND OF FIRST AID/MEDICAL TREATMENT PROVIDED. INFORM PARENTS OF ALL INJURIES TO THEIR CHILD.
 <u>EDUCATION & EXPERIENCE</u> HAVE ON FILE AND KEEP UP-TO-DATE, DOCUMENTATION OF EACH STAFF MEMBER'S EDUCATION AND/OR EXPERIENCE.
 IN SERVICE TRAINING HAVE ON FILE A RECORD OF IN SERVICE TRAINING FOR FAMILY CHILD CARE PROVIDERS AND WORKERS, AND FOR ALL CENTER BASED CHILD CARE PERSONNEL EXCEPT FOR CHILD CARE ASSISTANTS. YOU MUST MAINTAIN UP-TO-DATE IN SERVICE TRAINING RECORDS ON THE PREMISES OF THE PROGRAM FOR REVIEW BY THE LICENSING SPECIALIST.
 <u>WEEKLY MENUS*</u> PLAN AND COMPLETE WRITTEN MENUS FOR MEALS AND SNACKS ON A WEEKLY BASIS.
 STAFF ATTENDANCE RECORDS* MUST BE COMPLETED AND MAINTAINED ON THE PREMISES OF PROGRAM, AVAILABLE FOR REVIEW BY LICENSING SPECIALISTS FOR AT LEAST 6 MONTHS.
 <u>CHILD ATTENDANCE RECORDS*</u> MUST BE MAINTAINED ON THE PREMISES OF PROGRAM, AVAILABLE FOR REVIEW BY LICENSING SPECIALISTS FOR AT LEAST 6 MONTHS.
 FIRST AID AND CPR CERTIFICATION MAINTAIN DOCUMENTATION OF NON-EXPIRED FIRST AID AND CPR TRAINING AND CERTIFICATION, TO SHOW THAT A STAFF PERSON WHO IS CERTIFIED IN FIRST AID AND CPR IS ON PREMISES DURING ALL HOURS OF OPERATION, THAT THE INDIVIDUAL WHO ADMINISTERS FIRST AID TO INJURED CHILDREN (MORE THAN MINOR SCRAPES OR BRUISES) IS CERTIFIED IN FIRST AID, AND THAT A STAFF PERSON CERTIFIED IN FIRST AID & CPR IS PRESENT WITH ANY GROUP OF CHILDREN PARTICIPATING IN WATER ACTIVITIES ON OR OFF THE PREMISES AND IN FIELD TRIPS OFF THE PREMISES.
 OTHER:

IF YOU HAVE ANY QUESTIONS REGARDING THESE REMINDERS OR OTHER NEW HAMPSHIRE CHILD CARE PROGRAM LICENSING RULES, PLEASE DO NOT HESITATE TO CONTACT YOUR LICENSING SPECIALIST AT

1-800-852-3345, EXTENSION 4624. WE WILL BE HAPPY TO PROVIDE YOU WITH TECHNICAL ASSISTANCE TO HELP YOU ACHIEVE/MAINTAIN COMPLIANCE WITH LICENSING RULES.